

### 2023-2024 Non-HDSB and Adult Student registration form

905-632-2944 [www.garyallan.ca](http://www.garyallan.ca) [ConEd@hdsb.ca](mailto:ConEd@hdsb.ca)

Night School use only

• Save this form to your computer and complete in full

#### STUDENT INFORMATION

Legal Last Name:	OEN:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Legal First Name:	Preferred Name:	Self-Identify as _____	
Was this your name at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'no':	Date of Birth: _____ YYYY/MM/DD	
Address:			
Number	Street Name	Apt. No.	City Postal Code
Phone Number:	Country of Birth:	Date of entry into Ontario: _____ YYYY/MM/DD	
Alternate number:	Citizenship:	Email:	
Enrolment Status: <input type="checkbox"/> Day School Student <input type="checkbox"/> Adult Student <input type="checkbox"/> VISA Student			
Has the student ever been identified through an IPRC and/or received special education support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Student Information (if required by the school)			

#### MEDICAL INFORMATION (REQUIRED IN THE EVENT THAT CLASSES RETURN TO AN IN-PERSON FORMAT)

Immunization Record Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions: If the student has significant health factors of which the school board should be aware, please describe the condition(s) below	
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any prescribed medications: _____	
Do medications need to be administered during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
<b>If an Epipen is required, please contact <a href="mailto:ConEd@hdsb.ca">ConEd@hdsb.ca</a> to request additional forms</b>	

#### SCHOOL INFORMATION

Current/Last School Name:	Current Grade:		
School Address:			
Number	Street Name	City	Postal Code
School Phone Number:	School Fax Number:		
School BSID Number:	School Email:		
<b>If <u>not</u> a current HALTON PUBLIC SCHOOL BOARD student:</b>			
Has the student ever been registered at a school within the Halton District School Board? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended: _____ Last Grade attended: ____ Year: ____			
If <u>No</u> has the student ever been registered at a school within the Province of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <u>Yes</u> , provide the name of the most recent school attended within Ontario: _____ Last Grade attended: ____ Year: ____			
If <u>No</u> , provide the name of the most recent school attended outside of Ontario: _____ Last Grade attended: ____ Year: ____			

### PARENT/LEGAL GUARDIAN OR EMERGENCY CONTACT INFORMATION

1. If <b>NO ACCESS</b> , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language
2. If <b>NO ACCESS</b> , legal documentation required. Documentation Received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home No.	Cell No.	Email:
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Access to Student <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail	<input type="checkbox"/> No Access <input type="checkbox"/> Lives with Student <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language

### IMPORTANT NOTES

- Students currently enrolled in an *HDSB* high school **MUST** register through their MyBlueprint account.
- Students in a high school outside of the HDSB** may email the completed registration form, verified and endorsed by their home school guidance office, and a credit Counselling Summary or Transcript to [coned@hdsb.ca](mailto:coned@hdsb.ca) or fax to (905) 637-5390
- Adult students** must attach [Proof of Ontario residency](#) (Current utility, property tax, home phone/cable/internet bill, or Property Purchase/bill of sale) as well as *proof of date of birth and citizenship*
- If the student has an IEP, please email it to the teacher on the first day of class
- Courses offered are for high school credit. They are **not** general interest courses.
- Students are required to complete all assignments, tests and exams and maintain regular attendance (students may miss a total of 3 classes). Failure to do so will result in removal from the program.
- If the student wishes to drop out of the course **or** misses more than 3 classes, a [Drop Form](#) must be completed. Without a formal drop form, a failing mark will be entered on the permanent educational record.

**\* A course will be cancelled if it does not have sufficient enrolment. Please check [www.garyallan.ca](http://www.garyallan.ca) for course listings.\***

**Collection of Personal Information:** The information gathered on the applicant's Registration Form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

### COURSE SELECTION

COURSE NAME	COURSE CODE

### PARENT/GUARDIAN/STUDENT AUTHORIZATION

I certify that the information given on this form is correct.

Signature of student (if over 18 years of age) or Parent/Guardian if under 18 years of age	Date
--	------

### CURRENT HOME SCHOOL USE ONLY

**AUTHORIZATION: To be completed by the home school for out of Board students to confirm eligibility to take the above course.**

**Verification – Please indicate documentation presented at time of home school registration for each of the following:**

**Proof of Citizenship:**  Birth Certificate  Canadian Citizenship  Passport  Immigration Papers  Other \_\_\_\_\_ **Country:** \_\_\_\_\_

**Proof of Date of Birth:**  Birth Certificate  Canadian Citizenship  Passport  Immigration Papers  Other \_\_\_\_\_

**Proof of Ontario Residency:**  Current utility bill  Current Property tax bill  Current home phone/cable/internet bill  Property Purchase bill of sale

### **TO BE COMPLETED FOR ALL STUDENTS:**

School Administrator/Designate name (please print)	High School Name
School Administrator/Designate Signature	BSID# <span style="float: right;">Phone Number</span>

## Complete this Check list before submitting your application.

In order to register for any HDSB programs, the following documentation **must** be submitted at time of registration: Proof of Citizenship, Proof of Date of Birth, AND Proof of Ontario Residency.

*NO OTHER FORMS of documentation will be accepted.*

Please indicate which form of <b>Proof of Citizenship</b> you have attached for the registrant.		
Select <b>ONE</b> of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Permanent Resident Card <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	Refugee Documents <input type="checkbox"/>

Please indicate which form of <b>Proof of Date of Birth</b> you have attached for the registrant.		
Select <b>ONE</b> of the following:		
Birth Certificate <input type="checkbox"/>	Immigration Papers <input type="checkbox"/>	Baptismal/Faith Record <input type="checkbox"/>
Passport <input type="checkbox"/>	Canadian Citizenship Documents <input type="checkbox"/>	

Please indicate which form of <b>Proof of Ontario Residency</b> you have attached for the registrant if over 18 years of age, or are in the name of one of the emergency contacts you have listed on the form.		
Select <b>TWO</b> of the following:		
Current Lease or Deed <input type="checkbox"/>	Current Property Tax Bill <input type="checkbox"/>	Current Home Utility Bill <input type="checkbox"/>
Current Motor Vehicle Ownership <input type="checkbox"/>	Original Credit Card Statement <input type="checkbox"/>	Current bank statement <input type="checkbox"/>
Recent correspondence from a Municipal, Federal or Provincial Government Agency <input type="checkbox"/>	Most recent original Income Tax Assessment <input type="checkbox"/>	
<p><b>Note:</b> Driver's license/Health Card are <u>not acceptable</u>, as in some cases you may hold an Ontario Drivers licence/Health card and no longer permanently reside in Ontario</p>		

**Ensure that all documents are clear and legible. If submitting photos of documents, the photo must be taken straight-on, be in focus, and have no glare.**

- I confirm that I have attached the FOUR required documents as listed above
- I confirm that I have downloaded and saved this registration form to my computer prior to completion and filled it out entirely

**Applications with missing or unclear documentation will not be processed.**

**Email completed registration form and all required documents to [EqpGf@hdsb.ca](mailto:EqpGf@hdsb.ca)**